
Questions About Intersexuality

1. What is intersexuality?

Intersexuality is a group of medical conditions that blur or make nonstandard the physical sex of the individual intersexual. They include Klinefelter's Syndrome (XXY chromosomes), congenital adrenal hyperplasia, androgen insensitivity syndrome, and a host of other syndromes.

Some intersexuals are born with genitalia that are "ambiguous", meaning not completely male or female. Others are genitally normal at birth but develop mixed secondary sexual characteristics at puberty. Intersexuals used to be referred to as "hermaphrodites", but we now prefer the term intersexual, as it does not have the connotations of being a mythical creature. That connotation has often led to our being dismissed in the minds of many people as not really existing. We do, however, exist; and it is time that people knew it.

2. How common is intersexuality?

Still being measured. About 1 in 2000 births (0.5%) have some sort of ambiguous genitalia, but there are other intersexuals who are not "caught" until puberty. According to Dr. Anne-Fausto sterling, data suggests that 1.7% of the population has some degree of intersexuality.

3. How are intersexuals treated by the medical establishment?

This is a subject of much debate in the intersexual community. The standard treatment of infants and children with intersexed genitalia is to surgically modify them into "normal-looking" babies as quickly as possible. However, such modifications not only leave the individual with little or no sexual sensation - and sometimes increased risk of urinary tract and other infections - they also have a less than desirable cosmetic appearance, leaving scars and other disfigurements due to the difficulty of operating on infant-size genitalia.

Also, some forms of follow-up care, such as frequent viewings by doctors and medical students, and the daily use of "stents" to dilate artificial vaginas in small children, would be considered sexual abuse if visited on a "normal" child. Many intersexuals have lasting sexual and emotional issues long into adulthood from such treatment.

There is also the issue that intersexuals do not always end up choosing to be the sex that their parents and pediatric surgeons decide that they will be. A sizeable number end up requesting sex reassignment as adults, which is generally more difficult for intersexuals to get than for standard transsexuals. Some would prefer to remain as they originally had or would have developed and not choose either one sex or the other. Many of us are against any surgical mutilation of infants and believe that such "corrections" should be made at the age of legal consent, when the individual can choose their own options.

4. How should the TG community deal with intersexuals?

Intersexuals have in many cases had a rough time within the TG community, and this has led to many of them being wary of working with transgenderfolk. Hoping to build a firmer bridge between these two communities, many members of which overlap, I list here some of the major complaints that intersexuals have had:

(1) Please don't express envy directed at those of us who had "SRS" in childhood. The overwhelming majority of intersexuals that I know who had childhood surgery are unhappy with their situation. Remember, this was done without consent and usually not as well as the average adult SRS. Many mutilated intersexuals have a host of medical problems and sexual dysfunctions as a side effect of what was done. Besides, just because you might want it doesn't mean it is good for everyone. (A corollary to this is not telling us how "lucky" we are if we at least "pass" as the gender you'd like to pass for.)

(2) Please don't hit on intersexuals who come to conferences, support groups, or other events. We've often had to navigate between two separate and equally annoying responses to our bodies: disgust and fetishism. We tend to be pretty wary of anyone who seems to be treating us like an "exotic experience" or objectifying us. As an example, the operator of a web page for intersexuals had to remove her phone number (available for suicidal intersexuals to call and talk) from the page because she was bombarded with calls asking how to obtain sex with intersexuals. Make friends with an intersexual first; don't approach and ask for dates straight up, as you may be regarded with suspicion.

(3) Don't "colonize" the [intersex](#) political struggle. Although there are many overlapping issues between TG and IS concerns (as well as many overlapping individuals) it is not in the IS movement's best interest to be completely drowned in the TG agenda. Solidarity is good, but appropriation is not. Showing up and standing with us when we speak or demonstrate is fine and appreciated, but let the IS folks be the spokespeople.

5. What can I do to help?

You can talk to people you know who are planning to have children and make them aware of the situation. Most doctors are able to bully uninformed parents into accepting surgery on their children by using misinformation. Make them aware of what is and is not true about such a potential child. If you know people who are pediatricians or surgeons, speak out against nonconsensual genital surgery to them.

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